



FINANCIAL MANAGEMENT  
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
PO BOX 480, JEFFERSON CITY, MO 65102-0480  
**PAYMENT REQUEST FORM**

- ☐ Reading First      ☐ Even Start      ☐ Mathematics & Science Partnership  
☐ Comprehensive School Reform      ☐ Homeless Children & Youth

DISTRICT/INSTITUTION NAME	COUNTY-DISTRICT CODE
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**DIRECTIONS**

**A separate Payment Request will need to be submitted for each program.** This form may be submitted monthly to request payment for anticipated expenses. The signed request form must be in our office by the last day of the month, preceding the month in which your district/institution expects payment. **Reimbursement is the preferred payment method.** The district/institution should not request funds in excess of what they can spend before the next payment. Any interest drawn on federal funds will have to be paid back to the U. S. Department of Education. The district/institution may request up to **seventy-five** percent of the approved amount until the final expenditure report is submitted and approved.

Mail OR fax (573) 526-6698 the completed form to: Financial Management, Missouri Department of Elementary and Secondary Education, PO Box 480, Jefferson City, MO 65102-0480; Ph: (573) 751-4420 or (573) 751-2641.

For program-related questions, contact Federal Discretionary Grants: Ph: (573) 526-3232; Fax: (573) 526-6698;  
E-mail: [webreplyimprfdg@dese.mo.gov](mailto:webreplyimprfdg@dese.mo.gov)

BUDGET CATEGORIES	Actual Expenditures (as of date of this request)	Estimated Expenditures (projected for one additional month)	Total Expenditures (Actual Expenditures plus Estimated)
6100: SALARIES			
6200: EMPLOYEE BENEFITS			
6300: PURCHASED SERVICES			
6400: MATERIALS/ SUPPLIES			
SUBTOTAL			
INDIRECT COST (optional) RATE ____%			
6500: CAPITAL OUTLAY			
TOTALS			

	AMOUNT RECEIVED TO DATE	
	AMOUNT REQUESTED (Total Expenditures – Amount Received To Date)	
	The district/institution may request up to <b>seventy-five</b> percent of the approved amount until the final expenditure report is submitted and approved. Please check below if this is your Final Expenditure Report. <input type="checkbox"/> <b>FINAL EXPENDITURE REPORT</b>	

I, the undersigned, as official representative designated by the Board of Education, certify the LEA to be in compliance with the assurances signed in the application(s).

SIGNATURE OF AUTHORIZED LEA REPRESENTATIVE	DATE
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